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ABSTRACT

The Postgraduate Center for Psychotherapy in Haifa, Israel has developed a one-year seminar in psychodynamic supervision for practicing supervisors. Twenty-five participants took part in group seminars designed to address the process of supervision and the theoretical, personal, and stylistic differences among supervisors. This paper describes the context of group discussions and looks at group processes and evolution since the seminar began in the 1982-1983 academic year. Several salient issues discussed in the groups are examined, including: (1) whether the primary focus of supervision is on the student-therapist or the client; (2) the developmental phase of the supervisee; (3) attention to the therapist's personality; (4) therapists who have not been in psychotherapy; (5) competing models of treatment; (6) evaluation of the supervisee; and (7) multidimensional influences among patient, therapist, and supervisor. Illustrative case material is considered. Suggestions for those considering working on supervision of supervision are included in the areas of the learning function, the supportive function, the exploration of countertransference, attention to the supervisory process for implications concerning therapy, and the evaluation role. (NB)

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The Dilemmas of Supervision: Supervisors in Peer Supervision

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The Dilemmas of Supervision: Supervisors in Peer Supervision

Introduction

The experience of supervisors undergoing supervision on their psychotherapy supervision is a topic that has received relatively little attention in the psychological literature. While there exist some excellent resources on the topic of supervision (Wallerstein, 1981), these tend to report on the experience of advanced supervisors examining psychoanalytic supervision per se. This paper draws on 4 years of experience in the advanced training of junior and senior supervisors with a population of some 40 advanced therapists in study groups on supervision. The focus of the groups was the process of supervision-- the theoretical, personal and stylistic differences among members as reflected in the literature and our own experience. I will begin by describing the context of these discussions, that is the evolution and process of the groups. Following this, the salient issues discussed in the groups and illustrative case material is considered. Suggestions for those considering working on supervision of supervision are included.

Group Development and Process

The Postgraduate Center for Psychotherapy in Haifa has evolved a year long seminar in psychodynamic supervision for practicing supervisors. In 1982-83, some 25 supervisors took part in a mixed large group seminar with half the participants senior and half junior supervisors. For the first semester, the group met biweekly for 2 & 1/2 hour to discuss

readings. Members were responsible for presenting the material, snyopsizing, and elaborating on the particular book or article under discussion. The orientation of the group was generally psychodynamic, although there was a range of theoretical orientations and members of all three helping professions were represented.

In our initial meeting, members introduced themselves to the group and raised one or more issues of central interest that had brought them to the seminar. The range of concerns reflected the heterogeneity of the participants. The junior supervisors stressed their curiosity and trepidations about being involved in supervision, their greater identification with the supervisees, and their doubts about their competence in the new role. The senior supervisors sought greater grounding in theory, were interested in improving their efficacy, wished to compare their work with others, and had an interest in being involved in a learning situation where they could receive as well as give to others.

The first semester was productive in its attention to theory and in exposing a broad range of approaches and rationales for the supervisory experience. Members participated in the discussions and tended to illustrate their theoretical positions with clinical vignettes representing their own work.

As agreed upon at the onset, the large group broke into two smaller sections for the second semester. Approximately one-third of the members dropped out with the switch to the smaller groups and the conclusion of the theoretical focus of the seminar. Of the remainder, the junior supervisors continued to meet with the seminar leader for supervision of supervision while the senior people met for a peer supervision seminar under my chairmanship. The group issues raised by the senior participants, based on their participation in the large group for one semester and the continuing meetings for the next year and a half, are described. For the first year the senior group met biweekly and for the second year monthly. At the end of the first year, I resigned as chair to participate fully as a member in the peer group.

It is a truism to acknowledge that the year and a half of meetings produced a group process that touched upon many issues of group formation. The issues of task definition, trust building, honesty,support, and providing negative feedback were confronted. These issues were not the major focus of our work group and hence did not receive much direct attention but they hovered constantly in the background.

The work style of the peer group was as follows. On the average, in each meeting,one to two people presented case material of supervision where a particular difficulty was perceived by the supervisor. The material was responded to by the group with members querying, clarifying sharing similar experiences, confronting and suggesting alternate modes of conceptualizing and intervening in the supervisory process. Typically, at the next meeting or somewhat thereafter, the original presenter reported back to the group as to the outcome of the input and the course of the supervision following intervention.

As the group evolved, there was a greater willingness to look at specific impediments to process arising out of philosophical and individual differences. By the end of the second year, a sufficient level of trust and process had been attained for a discussion of directions for a third year of work together. There was general agreement, often found in peer groups, that something was missing. The request for a member to assume leadership functions was raised, but never reached closure. One of the members suggested adding an additional 2 to 3 people to deepen the group's work level. I wondered aloud if this request could also be understood to mean that the group needed to draw forth from its current membership another 2 or 3 people. That is, that the current participants needed to risk more and share more in their regular meetings. Yet another member suggested that the cases presented to the group be broadened to include not only supervisory situations, but therapy material as well. While this request can be understood at multiple levels, its relevance for a supervision group seems to lie most in the recognition that one's style as a supervisor was also a function of one's work as a therapist. Members could appreciate

each others work from a broader contextual viewpoint if therapy material was included as well. Despite a generally valuable 2 year experience, the proposed 3rd year of the group did not take place. One member's illness, anothers pregnancy and my own departure to chair the next seminar for new supervisors conspired to allow the resistances to the professional intimacy in a peer group to truncate the process at the stage reported here.

The opportunity to work with a second group of supervisors on the supervsory process afforded a new opportunity to observe the process around these issues. The group of new supervisors consisted of 10 graduates of the Postgraduate Center for Psychotherapy who were selected from a larger pool of potential candidates on the basis of seniority and professional affiliation. The range of supervisory experience ranged from almost none to some 15 years of experience. The bulk of the participants tended to have relatively little (1-3 years) supervisory experience.

The group met bi-monthly for a total of 3 hours per session divided into two parts. Theoretical material was discussed in the first half of each meeting, while the second half was devoted to presentation of case material. This format is one I find useful so as to combine theoretical and clinical material in undergraduate as well as graduate instruction (Rubin, in press).

The dual focus of the seminar, theoretical and clinical, allowed for a buildup of shared conceptual and case material shared by group members. In contrast to the senior supervisory group reported on earlier, the level of anxiety and resistance of the more junior group was significantly higher. From the outset, the meetings of young talented professionals brought together people whose competence and skill were hampered by fear of exposure, a wish for control, and perceived needs for safety. In retrospect, greater responsiveness to these professionals' needs for support and reassurance, and less assumptions about the members capacity to observe their own individual and group process would have eased the initial phase of resistance that was quite pronounced. With

the benefit of hindsight, I would advise the supervisor of young supervisors to reread Hess on the differing assumptions of supervisors who assume colleagueality in supervision, versus the supervisees, who assume evaluation and threat in the supervisory relationship (c.f. Shevrin, 1981).

With time, the group consolidated into a work group focused on the theory and practice of dynamic therapy supervision. In the case discussions, members presented material and responded to each other with a combination of caution, respect and openness that made the year a gratifying one for leader and members. On the basis of the evolving trust of the group, a second year of work would have afforded the group the opportunity to reach a greater degree intensity and learning than was achieved. Alternatively, a smaller group would have allowed a similar process to have occurred in a shorter space of time.

On the basis of the experiences with these groups and in view of the literature, I would like to summarize the basic issues confronting both relatively young and senior supervisors as presented in these groups. The material is relevant to supervision, and to the supervision of supervision. *II. The Dilemmas of Supervision*

The process of supervision, and it is very much a process, is designed to monitor the current work of therapists at a particular level of training be it junior or senior. I view the supervision contract as more of a hierarchical situation than the consultation situation, but this may reflect a particular semantical preference on my own part. The manifest focus of supervision is generally to simultaneously increase the supervisee's level of skill and to help the client benefit from the therapy. If we are successful, both the patient and therapist in training benefit. The therapist is enhanced in his or her future work as therapist, and the client is able to live a more productive life. The dual focus of supervision, helping the therapist and helping the client is worth keeping in mind as the most salient issues that arose in our discussions are reviewed.

1.) The Primary Focus of Supervision: Student-therapist or Client?

Ideally, when all goes well, there is no tension between the goals of facilitating the growth and development of the student and helping ameliorate the difficulties of the client. In practice, the situation is less clear cut. The employer of the the supervisor has an impact on the manifest and latent supervision contract. The supervisor functioning out of the University or similar training program, one provided by the work setting, and one hired by the student begin with different weightings, loyalties and background pressures. Nonetheless, the responsibilities can be elucidated by asking both parties who has ultimate responsibility for the patient and how each define the contract.

In the senior supervisor group, the point on which greatest agreement could be reached related to the need to take into account the developmental stage of the supervisee. Student therapists (and new superviors) begining their first practicum were apt to be anxious, uncertain, and in need of support and guidance in their work. Teaching the student therapist to listen to the patient, and how to help the patient were foremost in the minds of our group for this level student. As student therapists' work progressed and they reached more advanced levels, the work of the supervision began to shift. There were more opportunities to focus on refinements in understanding the patient, technique, and the subtler issues of outcome, transference and countertransference.

With more junior people, the supervisor tends to function as the authority re: decisions regarding the patient. With the more senior therapists, other issues arose. In my own experience there are cases where the supervisee is incapable of providing the necessary help to the particular client. After reliance on instruction, an examination of the supervisee's difficulties, and an attempt to work through the process, a decision to transfer the case may be in order. In those cases, the impact on both aspects of the supervisory contract, therapist and client, needs to be addressed. In less dramatic situations, however, the conflict over upon whom to focus may express itself in the supervisor's deliberation of

how much to concentrate on making the therapist a better therapist. By utilizing the individual cases brought to supervision as the vehicle, the focus becomes teaching the therapist in depth the intricacies and humanity of particular patients. In this way, an approach to client and therapy process that will further the making of a therapist is emphasized.

Of course the dual foci of supervision are not directly in opposition, and practicing supervisors typically believe in both of them. Yet the extent of identification with each particular role did serve to differentiate our supervisors on qualitative and quantitative features. The more junior supervisors tended not to have developed strong opinions on this point although they consciously identified with the client focused approach.

2.) The Developmental Phase of the Supervisee Within the Context of the Developmental Phase of Supervision (no doubt mitigated by the developmental phase of the Supervisor)

After having alluded to the level of the therapist's experience, a further important delimiter has to do with the phase of the supervisory process itself. Both groups agreed that the supervision process has a dynamic of its own. Just as differing phases of treatment evolve through a begining, a middle and a final phase, so too does the unfolding of the supervsion proceed through stages.The alliance building is very important. Support, critical feedback, confrontation tempered by attention to the ability to maintain the development of the student therapist and the evolution of the case play a role in the evolution of the working alliance of supervisee and supervisor. At times it is useful to remember, and we reminded each other, of the swings of dependency and independence, cooperation and confrontation, separation and termination (case and supervision sometimes superimposed) that characterize supervision.

Important within the context of supervison process is the developmental phase of the

supervisee. This is the level of experience, sophistication, degree of previous supervision, ability to work with countertransferential feeling etc. that the therapist has evolved to date. Experience was weighted differently by the supervisors, however, with theoretical viewpoint and emphasis in therapy a factor in evaluating the quality of achieved competence (O'Leary-Wiley,1982; Holzman, 1965: Stoltenberg, 1981).

3. Attention to the Therapist's Personality

An oft repeated conflict in the literature is the extent to which the personality of the student is a legitimate focus of the supervisors' work (De Bell, 1963, 1980). For many of the supervisors, this was a poignant source of intra-supervisor conflict. As described above, there is some question as to how to weight the complicated and overlapping goals of supervision. To what extent reflecting, confronting, tolerating personal material goes on in the supervisory hour is a decision determined by the process, the predilection of the supervisor, the needs wishes resistances of the supervisee, and the complementary features of the supervisor.

The continuing debate on the extent to which one should tolerate and/or encourage therapists to bring their personal experiences to supervision versus the extent to which they are encouraged to take their own material into therapy, is a lively one. This issue is often raised in the literature and although at times a bit of a straw person, the issue does tend to separate supervisors as to style and predeliction within supervision.

It appears that those who tend to raise a focus on introspection and countertransference (Racker, 1968; Sandler, Dare & Holder, 1973) early in examining the therapist-patient interaction are more open and encouraging of an examination together with the supervisee of the personal nature of the work. This approach does not imply a

therapeutic approach to supervision. Yet it does make a number of assumptions about supervision as influenced by a therapeutic like openness and understanding of interpersonal processes.

How much personal material to elicit and/or tolerate was discussed by all the supervisors, although the senior group were more involved in the issue. At times, the more personal approach has been indicted as seductive while the opposite approach has been criticized as rigid and wooden. Both labels are caricatures. My own style has tended to the more personal, with consistent respect for therapists defences and privacy on the one hand, and a non-critical acceptance of "shameful" (idiosyncratic) material on the other. An internal supervisor helps me maintain a supervisory teaching stance and keeps me away from therapy (Rubin, 1986).

An additional parameter exists here too. Asking supervisors to supervise on therapy requires them to wear several hats at once. The supervisor knows how to treat and is typically interested in doing so. The subgroup of supervisors who are most comfortable working with the supervisee's personal material represented a subgroup that the strict client focused subgroup disagreed strongly with. While in practice, we all work with a mix of client and personal material, the theoretical positions taken were polar and emotionally upheld. It was reassuring to repeatedly discover that in discussing supervisory case material, the individual differences among senior supervisors were far from dogmatic and clear cut ones based on theoretical position.

4.) Therapists Who Have Not Been in Psychotherapy

Another issue centered on the value of supervising individuals who have not been in therapy themselves. Several of the more psychoanalytically trained supervisors felt that the expenditure of effort by the supervisee on inner resistances made the supervision less

productive than it could otherwise have been. Feeling that their talents could be used to greater advantage, these supervisors tended not to work with more senior therapists who had managed to avoid psychotherapy for themselves.

This issue was a salient one in another form: To what extent one could one work with supervisees who had no place to take personal material? When the supervisor tended to favor a client centered focus of supervision, situations arose where the therapist had no place to deal with some of the more difficult personal issues that were excluded from supervision. When the supervisor favored a more personal approach to supervision, the issue remained how to work with someone who had no personal experience of how to share circumscribed issues in therapy in the service of understanding the therapy and client better. One of the cases we dealt with during the peer group was of a 50 year old psychiatrist holocaust survivor who sought to use her supervision as psychotherapy, and who was terrified of the thought of entering therapy. In this case, the group helped a middle position supervisor set firm limits on the content of the supervision hour and its focus. All participants agreed that it was not an issue of theoretical position vis a vis supervision, but a particular problem of the supervisor setting limits and being aggressive and confrontative "enough." The use of supervision as a defence against therapy while avoiding the supervisory work contract was dealt with in the group. This was followed by a renegotiation of the supervisory contract and a partial examination of the therapy issue with the therapist in the supervision sessions.

5.) Competing Models of Treatment

The confusion of the beginning therapist encountering the alternative models of psychotherapy is exacerbated by wide gaps in beginning therapists. A tendency to concreteness early in their work is often operant as well. At times, the student becomes confused, resistant, or unable to conform to the therapeutic stance of the current

supervisor and remain within the bounds of what is expected. Clarification, discussion of the source of the problem and the student therapist's feelings can be helpful, but the real difficulties of neophyte therapists make themselves felt.

As therapists develop, and become more senior, they are able to identify intellectually and personally with particular models of psychotherapy, but they can also become more resistant to a particular supervisors style and orientation. On this issue, discussion can be quite helpful but is no guarantee that difficulties will be resolved.

A variant on the theme arises when the supervisee views a clash between his or her own therapy and the supervisor's model of psychotherapy. When the supervisor stresses a model at odds with that of student therapist's therapist, this can be perceived as a threat to the supervisee and the therapist-- at least in mind of the supervisee. Supervision may advertently or inadvertently raise conflicts at a deeper level than typically encountered. There are situations where the refrain of "take it back into your therapy" is in part dependent on the stance of the supervisee's therapist. I am reminded of one case where a therapist, feeling threatened by her supervision, would discuss matters with her own therapist before returning to supervision. She reported that in her conference with her therapist, they had jointly decided the supervisor was wrong on issues of confronting resistance in a client. The ablity to resolve this issue in the client's therapy, and to examine the supervisee's own resistance to learning were seriously hampered by the therapist's splitting between her supervisor and her own therapist. It is important to maintain a neutral attitude towards the supervisee's therapist while working on this kind of issue. Subtle devaluation of a supervisee's therapist can cripple the opportunity to achieve an integration of contrasting styles of therapy for the supervisee.

6.) Evaluation of the Supervisee

One of the significant terms that Carl Rogers put into the lexicon of psychotherapy is "unconditional positive regard". In the supervising situation, there is a corresponding experience. Supportive acceptance and trust of the psychotherapeutic process and the trainee's ability to perform adequately within that framework are important elements of the framework of supervision.

In our experience as in that of our colleagues, the evaluative aspect of the supervision constantly hovers in the background. When a superviso r holds administrative responsibility for the workplace and is cast in the joint role of supervisor and employer, additional tensions are operant for both student and supervisor. Concerns about competence and the need to function adequately and/or be perceived as such, can provide the student-therapist with additional reasons to be defensive-- and they are not all imaginary (Shevrin, 1981).

In the psychoanalytic training literature, there are references to the fact that student analysands have been carefully selected. The implications are that the selection reduces the supervisors need to make critical evaluative decisions regarding the supervisee. Whether this idyll is true is debateable but it would be easier if it were. What can be said with some certainty is that at the junior level, there arise cases where decisions about basic suitability do arise. These cases in particular force choice about patient welfare and student development. The role of the supervisor as enabler is not always carte blanche acceptance, and not unconditional positive belief in the student's capabilities. While our group of supervisors demonstrated a range of opinions as to how quickly concerns about students abilities surfaced, for all there was some theoretical choice point and always some practical experience that shifted the supervisor into an evaluative mode.

Both the advanced and the newer supervisory groups discussed cases of therapists who were not currently suited for psychotherapeutic work with particular patients. In one case, additional information on the therapist was sought to determine where the difficulty

was a circumscribed problem or evidence of a more severe flaw in the therapists ability to do therapy. In another case, the group viewed the problem from the outset as related to countertransferential feelings in the therapist and assisted the supervisor to consider how to be of help.

7.The Multidirectional Influences Among Patient, Therapist and Supervisor

The parallel process model of supervision is one particularly useful systematic way to organize the conceptualization of the mutual influences among patient, therapist and supervisor. Ekstein and Wallerstein (1972) delimited the induction that therapists bring to the supervisory hour in order to unconsciously bring the patients problem into the attention frame of the supervisor. Arlow (1963) and Searles (1955) have written sensitively on this issue, and their works allow for the understanding of these processes that afford an empathic, conceptual and in-vivo addition to the supervisory examination of the therapy.

Doehrman's (1976) study of therapists in supervision and the three tier model of who was influenced and influencing is a fine clinical-research contribution to the appreciation of the phenomena and how to use it in one's supervisory work. The attention to intra-supervisory phenomena as indicative of the therapeutic process and as an arena of joint examination was not shared by all the supervisors. The more junior supervisors were still open to learning about this, but did not feel able to employ it. The senior supervisors divided on this issue along the lines of the extent to which they worked with so-called personal material.

Supervisors who focused strongly on the learning aspects of therapy tended to rely less strongly on the parallel or other such process model implying an in vivo overlap between the therapy and the supervisory hour. Those supervisors who worked with more personal

material related to the transference and countertransference also tended more to work with the mutual influences between therapy and supervision. Ultimately, listening to the therapist attentively, watching for trial and temporary identifications with the client, and monitoring one's own feelings within the supervisory hour have greater relevance for the evolution of the therapists work than only the overt elements of the interaction. All of us acknowledged this, but not all of us acted on this.

III.) One's Model of Supervision

To conclude, I think all of us are aware that attempts at isolating dimensions of supervision is ultimately an attempt to describe the different weightings of supervisory parameters. It is these weightings that give to each of us a rough profile of our work in the teaching of psychotherapy. A number of the major dimensions are summarized here.

1.) The Learning Function -- To what extent does the supervisor focus upon imparting knowledge to the supervisee regarding the psychotherapeutic enterprise? The significance of the working alliance, the frame of treatment, limit setting, respect for the client-patient, interpretation, resistance, transference, personality dynamics, and so on are considered in the supervision. The therapist here is in primarily a student role. The therapist who has come to learn facts about treatment and about his or her individual client can typically be assured of getting at least some of these expectations met in supervision.

2.) The Supportive Function-- This refers to those aspects of support for the therapist in the exploration of the treatment process with a particular client. The learning process of the therapist can be facilitated by the provision of a supportive and encouraging environment. Most supervisions provide at a fair degree of this quality.

3.) A Forum for the Exploration of Countertransference-- By working with a supervisor who is not directly involved in the treatment and can listen with a degree of perspective, the therapist has a place to explore aspects of the emotional response that may affect the

treatment process. In contrast to psychotherapy, exploration of the therapist's response is done with the ultimate goal of facilitating client treatment. This is recognized explicitly by therapist and supervisor and is part of the supervisory contract. The countertransference of the therapist is explored broadly, with the understanding that cues from the client are important ingredients to therapist reactions and need to be studied for their informational value regarding the client (Racker, 1968). Supervisors tended to vary significantly on this dimension.

4.) Attention to the Supervisory Process for Implications re: Therapy-- To those who work with a model such as that of the parallel process, the supervision is seen as containing information and additional masked communications about the therapy being supervised. What transpires between therapist and client is at some level acting upon and being acted upon as a function of the relationship that has evolved between supervisor and supervisee. An examination of each dyad has implications for the others and can be explored jointly with the therapist (Doehrman, 1976). Great variation was observed on this variable as well.

5.) The Evaluation Role-- The extent to which the supervisor perceives and acknowledges the assessment aspects of viewing the therapist work can be minimized, but never totally avoided. The mapping of this parameter can reassure or threaten both supervisory parties, but it is a factor in the willingness of to share information with the supervisor (DeBell, 1981). This was another of the parameters upon which therapists tended to vary.

6.) Identification with the Supervisory Role-- Supervisors are often primarily identified with their role as therapists. The therapist role is a valued one begining from the early stages of the supervisor's career. In time, with the accumulation of knowledge and experience, a new role begins to take shape. The supervisory role vis-a-vis the therapist does have parallels to the therapeutic role vis-a-vis the client. It takes time to learn what to do in supervision, to accept the role and the distortions that are associated with it, and to assimiliate and accommodate to the requirements of the task. One learns to become a

supervisor by accepting the knowledge that one has as a therapist, and accepting the need to be open to new learning in order to make the transition to supervisor. The process is a continuing one with the greatest increments in learning occurring at the beginning. The courage to enter in to a supervison on supervision group is different at each stage of a supervisor's development, but for the bulk of the participants, the group did allow for growth to continue. The extent of valued identification with the supervisory role tends to occur after the task has been mastered, and even then, only for some.

If the presentation has left you feeling somewhat confused as to the process of supervision and what it is we are apparently doing, you are not alone. Acknowledging that there are as many different approaches to supervision as there are to psychotherapy is but of some consolation. While supervision is not therapy, it is about therapy and involves issues of mutual affective involvement between the individuals engaged in the process. The respect for the privacy and integrity of the therapist, the recognition that supervision is not therapy, the abiding by the APA code of ethics re: not treating students or colleagues-- do not preclude a communication of interest, openness, and willingness to tolerate and explore conflictual and personal matters to the extent that they are relevant to the interpersonal process of supervision. We are interested in facilitating the therapeutic effectiveness of our supervisees. To accomplish this, we must remember that it is not only what we say but what we do that has important effect on the final outcome (Rubin, 1986).

A final word: One of the major features that has been cited as influencing the therapeutic work of therapists is the type of therapy they were involved in. While most of us are typically supervised by many supervisors over time, it is interesting to speculate how we evolve into the supervisors we tend to become. In Israel, we are working with the model of supervised supervision as a training mode for licensing supervisors, with a

minimum of two supervisors following the supervisors work. It will be instructive to follow these newer people through their work and to seek data on the salient influences in their supervisory style.

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